



CITY OF DURHAM

SMALL DISADVANTAGED BUSINESS ENTERPRISE

PREQUALIFICATION RENEWAL FORMS



Equal Opportunity/ Equity Assurance Department

Mailing Address:
101 City Hall Plaza
Durham, North Carolina 27701

Street Address:
211 Rigsbee Avenue
Durham, North Carolina 27701

Phone: (919) 560-4180
Facsimile: (919) 560-4513

The answers to the following questions shall be used to determine the qualifications of my organization to bid on construction projects undertaken by the City.

1. Name of Firm _____

2. Business Address _____

City _____ State _____ Zip _____ County _____

3. Telephone Number () _____ Fax Number () _____

4. Contact Person _____ Title _____

If the status of your organization has changed since you were pre-qualified please answer questions 5 and 6. If not, proceed to question 7.

5. The organization is requesting prequalification as:

- ☐ Corporation ☐ Limited Partnership ☐ General Partnership
- ☐ Sole-Proprietorship ☐ Limited Liability Company ☐ Other

6. If a corporation, Limited Liability Co., or Limited Partnership, indicate the following:

Date of Incorporation or other official commencement of status _____

7. State of Incorporation or other official commencement of status _____

Are you authorized to do business in North Carolina as well as locally, including North Carolina Contractor's License and all business licenses?

Yes ☐ No ☐ (Attach current copies)

8. Maximum Current Bonding Level: _____

9. Did your organization utilize minority, women and SDBE subcontractors on contracts that were not let by the of Durham during the past year? **Yes** ☐ **No** ☐ (If yes, list three contracts and the minority, women or SDBE firms used by your organization on these contracts)

Name and Location of Project	SDBE Firm Utilized	Dollar Amount of Participation

10. For the contracts referenced above, did your organization make good faith efforts to assist interested minority, women and SDBEs in obtaining bonding, lines of credit, or insurance if such assistance was necessary? **Yes** ☐ **No** ☐
11. Did your organization make voluntary efforts to increase the number of minority, female and socially and economically disadvantaged individuals at higher skill and responsibility levels within your own organization? **Yes** ☐ **No** ☐
12. Did your organization effectively use the services of available minority, women and SDBE community organizations; contractor groups; local, state, and Federal minority, women and small disadvantaged business assistance offices; and other organizations which provide assistance in recruitment and placement of SDBEs? **Yes** ☐ **No** ☐
13. Did your organization participate in minority/women apprenticeship or on-the-job training programs? **Yes** ☐ **No** ☐ (If yes, attach a copy of your company's program)
14. Attach a written narrative of any voluntary good faith efforts your organization proposes to undertake during the upcoming year to provide equitable participation of minority and women employees and subcontractors.

15. The following document must be submitted with your application

Part A – Employee Statistics for the Primary Location

M-----a-----l-----e-----s									F-----m-----a-----l-----e-----s				
Employment Category	Total Employees	Total Males	Total Females	White	Black	Hispanic	Asian or Alaskan Islander	Indian or Alaskan Native	White	Black	Hispanic	Asian or Pacific Islander	Indian or Alaskan Native
Project Manger													
Professional													
Labor													
Clerical													
Totals													

Part B – Employee Statistics for the Consolidated Company (See instructions for this form on whether this part is required.)

M-----a-----l-----e-----s									F-----m-----a-----l-----e-----s				
Employment Category	Total Employees	Total Males	Total Females	White	Black	Hispanic	Asian or Alaskan Islander	Indian or Alaskan Native	White	Black	Hispanic	Asian or Pacific Islander	Indian or Alaskan Native
Project Manger													
Professional													
Labor													
Clerical													
Totals													

EEO-1 Report may be submitted in lieu of this form

AFFIDAVIT

(signature)

(date)

(printed name)

State of _____ County of _____

I, a notary public in and for the aforesaid county and state, certify that _____

_____ personally appeared before me this day and, after having been

duly sworn, stated that he or she is _____

(title)

in _____; that he or she was

(name of Applicant)

authorized to sign the foregoing application on behalf of said Applicant, and that the statements contained in the foregoing

Application for Prequalification are true to the best of his or her knowledge and belief. This the _____ day of

_____, 20_____.

My commission expires:

Notary Public